

FINANCIAL STATUS REPORT

Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Gerard House Inc.			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1664	5. Funding/Grant Period Start: 7/1/2015 End: 6/30/2016		6. Report Period Start: 7/1/2015 End: 9/30/2015	
7. Submitted By Michael Webb		8. Date Report Submitted 10/26/2015		9. FSR # 1000	10. Final Report Yes

11. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total Obligated (Sum of lines b and c)	N/A	N/A	\$68,800.30
b. Payer Obligated (Award)	N/A	N/A	\$28,000.00
c. Recipient Obligated (Match)	N/A	N/A	\$40,800.30
Expenses:			
d. Total Payer Share of Expenses	\$0.00	\$7,000.00	\$7,000.00
• Benefits/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Capital Equipment/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Contract Personnel/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Other/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Salary/Grant Expenditure	\$0.00	\$7,000.00	\$7,000.00
• Supplies/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Travel/Grant Expenditure	\$0.00	\$0.00	\$0.00
e. Total Recipient Share of Expenses	\$0.00	\$31,429.09	\$31,429.09
• Benefits/Local core support, funding match	\$0.00	\$8,345.52	\$8,345.52
• Benefits/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Benefits/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Capital Equipment/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Contract Personnel/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Other/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Other/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Other/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Salary/Local core support, funding match	\$0.00	\$23,083.57	\$23,083.57
• Salary/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Salary/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Supplies/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Supplies/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Supplies/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Travel/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Travel/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Travel/Revenue Expenditure	\$0.00	\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$30,371.21
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$21,000.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$9,371.21
Income:			
i. Total Income From Payer	\$0.00	\$0.00	\$0.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

FINANCIAL STATUS REPORT

Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Gerard House Inc.			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1664	5. Funding/Grant Period Start: 7/1/2015 End: 6/30/2016		6. Report Period Start: 10/1/2015 End: 12/31/2015	
7. Submitted By Michael Webb		8. Date Report Submitted 1/8/2016		9. FSR # 1143	10. Final Report No
11. Transactions:				I Previously Reported	II This Period
				III Cumulative	
a. Total Obligated (Sum of lines b and c)				N/A	N/A
b. Payer Obligated (Award)				N/A	N/A
c. Recipient Obligated (Match)				N/A	N/A
Expenses:					
d. Total Payer Share of Expenses				\$7,000.00	\$7,000.00
• Benefits/Grant Expenditure				\$0.00	\$0.00
• Capital Equipment/Grant Expenditure				\$0.00	\$0.00
• Contract Personnel/Grant Expenditure				\$0.00	\$0.00
• Other/Grant Expenditure				\$0.00	\$0.00
• Salary/Grant Expenditure				\$7,000.00	\$7,000.00
• Supplies/Grant Expenditure				\$0.00	\$0.00
• Travel/Grant Expenditure				\$0.00	\$0.00
e. Total Recipient Share of Expenses				\$31,429.09	\$41,270.10
• Benefits/Local core support, funding match				\$8,345.52	\$9,402.57
• Benefits/Maintenance of Effort				\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Benefits/Revenue Expenditure				\$0.00	\$0.00
• Capital Equipment/Local core support, funding match				\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort				\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure				\$0.00	\$0.00
• Contract Personnel/Local core support, funding match				\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort				\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure				\$0.00	\$0.00
• Other/Local core support, funding match				\$0.00	\$0.00
• Other/Maintenance of Effort				\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Other/Revenue Expenditure				\$0.00	\$0.00
• Salary/Local core support, funding match				\$23,083.57	\$31,867.53
• Salary/Maintenance of Effort				\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Salary/Revenue Expenditure				\$0.00	\$0.00
• Supplies/Local core support, funding match				\$0.00	\$0.00
• Supplies/Maintenance of Effort				\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Supplies/Revenue Expenditure				\$0.00	\$0.00
• Travel/Local core support, funding match				\$0.00	\$0.00
• Travel/Maintenance of Effort				\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Travel/Revenue Expenditure				\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	(\$17,898.89)
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$14,000.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	(\$31,898.89)
Income:			
i. Total Income From Payer	\$14,000.00	\$0.00	\$14,000.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

FINANCIAL STATUS REPORT

Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Gerard House Inc.			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1664	5. Funding/Grant Period Start: 7/1/2015 End: 6/30/2016		6. Report Period Start: 1/1/2016 End: 3/31/2016	
7. Submitted By Michael Webb		8. Date Report Submitted 4/12/2016		9. FSR # 2679	10. Final Report No

11. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total Obligated (Sum of lines b and c)	N/A	N/A	\$68,800.30
b. Payer Obligated (Award)	N/A	N/A	\$28,000.00
c. Recipient Obligated (Match)	N/A	N/A	\$40,800.30
Expenses:			
d. Total Payer Share of Expenses	\$14,000.00	\$7,000.00	\$21,000.00
• Benefits/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Capital Equipment/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Contract Personnel/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Other/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Salary/Grant Expenditure	\$14,000.00	\$7,000.00	\$21,000.00
• Supplies/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Travel/Grant Expenditure	\$0.00	\$0.00	\$0.00
e. Total Recipient Share of Expenses	\$72,699.19	\$50,041.94	\$122,741.13
• Benefits/Local core support, funding match	\$17,748.09	\$9,669.21	\$27,417.30
• Benefits/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Benefits/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Capital Equipment/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Contract Personnel/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Other/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Other/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Other/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Salary/Local core support, funding match	\$54,951.10	\$40,372.73	\$95,323.83
• Salary/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Salary/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Supplies/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Supplies/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Supplies/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Travel/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Travel/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Travel/Revenue Expenditure	\$0.00	\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	(\$74,940.83)
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$7,000.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	(\$81,940.83)
Income:			
i. Total Income From Payer	\$14,000.00	\$0.00	\$14,000.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

FINANCIAL STATUS REPORT

Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Gerard House Inc.			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1664	5. Funding/Grant Period Start: 7/1/2015 End: 6/30/2016		6. Report Period Start: 4/1/2016 End: 6/30/2016	
7. Submitted By Michael Webb		8. Date Report Submitted 7/15/2016		9. FSR # 3278	10. Final Report Yes
11. FSR Note 					
12. Approved By Michelle Glenn		13. Approved Date 7/15/2016			
Transaction Type		Award	Match	Revenue	Total
I. Total Obligated in Award Period		\$28,000.00	\$40,800.30	\$0.00	\$68,800.30
II. Expenditures Subtotal		\$7,000.00	\$20,991.21	\$0.00	\$27,991.21
1. Salary/Salary/Personnel-Direct		\$7,000.00	\$20,991.21	\$0.00	\$27,991.21
a. Client Care Counselor / Deja Wesley		\$1,400.00	\$0.00	\$0.00	\$1,400.00
b. Client Care Counselor / Deja Wesley - Matching ...		\$0.00	\$7,167.38	\$0.00	\$7,167.38
c. Program Coordinator / Nancy Jackson		\$2,800.00	\$0.00	\$0.00	\$2,800.00
d. Program Coordinator / Nancy Jackson - Matching ...		\$0.00	\$8,017.96	\$0.00	\$8,017.96
e. Program Director / Deneen Dryden		\$2,800.00	\$0.00	\$0.00	\$2,800.00
f. Program Director / Deneen Dryden - Matching fun...		\$0.00	\$5,805.87	\$0.00	\$5,805.87
2. Supplies		\$0.00	\$0.00	\$0.00	\$0.00
a. Educational Supplies		\$0.00	\$0.00	\$0.00	\$0.00
b. Matching funding for Educational Supplies from ...		\$0.00	\$0.00	\$0.00	\$0.00
3. Travel		\$0.00	\$0.00	\$0.00	\$0.00
a. Matching funding for Conference Travel from Ger...		\$0.00	\$0.00	\$0.00	\$0.00
b. Overnight travel to Topeka for conference, 285 ...		\$0.00	\$0.00	\$0.00	\$0.00
III. Revenue Subtotal		\$0.00	\$0.00	\$0.00	\$0.00
IV. Total Expenditures in Award Period		\$28,000.00	\$143,732.34	\$0.00	\$171,732.34
V. Total Revenue in Award Period		\$0.00	\$0.00	\$0.00	\$0.00
VI. Remaining Balance		\$0.00	(\$102,932.04)	\$0.00	(\$102,932.04)

FSR Line Notes
II. Expenditure/1. Salary/Salary/Personnel-Direct/a. Client Care Counselor / Deja Wesley Employee changed to Crystal Gonzalez
II. Expenditure/1. Salary/Salary/Personnel-Direct/b. Client Care Counselor / Deja Wesley - Matching ... Employee changed to Crystal Gonzalez